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Bib Data Sheet

CONFIRMATION NO. 1525

SERIAL NUMBER 10/775,725	FILING OR 371(c) DATE 02/09/2004 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 206,444
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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CON of 09/840,522 04/23/2001 PAT 6,708,060 which is a CIP of 09/635,892 08/10/2000 PAT 6,615,079 which is a DIV of 09/189,170 11/09/1998 PAT 6,148,232

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 11	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Shennedy</i> Initials: _____				

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TITLE
 Handheld apparatus and method for transdermal drug delivery and analyte extraction

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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